



**We
are on a
journey**

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Implementing Trauma Informed Approaches in Northern Ireland

**Case Study:
Youth Justice Agency**



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Abbreviations

| | |
|----------------|---|
| ACE: | Adverse Childhood Experience |
| CYP: | Children and young people |
| EPPOC: | cross-Executive Programme on Paramilitarism and Organised Crime |
| HSC: | Health and Social Care |
| REA: | Rapid Evidence Assessment |
| SAMHSA: | Substance Abuse & Mental Health Services Administration USA |
| SBNI: | Safeguarding Board for Northern Ireland |
| TIA: | Trauma Informed Approach |
| TIC: | Trauma Informed Care |
| TIP: | Trauma Informed Practice |
| V/C: | Voluntary and Community |
| YJA: | Youth Justice Agency |

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Introduction to Case Studies



1.1. Introduction

This case study is part of a larger research study which sought to review the implementation of trauma informed approaches (TIAs) in Northern Ireland (NI). This study was commissioned by the Safeguarding Board NI (SBNI) and undertaken by a research team based at Queen's University Belfast (QUB), primarily made up of academics and researchers based at the School of Social Sciences, Education and Social Work (SSESW) (including Dr Suzanne Mooney, Principal Investigator; Dr Montse Fargas-Malet, Research Fellow; Professor Lisa Bunting; Dr Lorna Montgomery; Dr Mandi McDonald; Dr Colm Walsh; Professor Davy Hayes), in close collaboration with Ms Deirdre O'Neill in the QUB School of Nursing and Midwifery (SONM). Each case study involved a smaller number of the team members. The full review of TIA implementation in NI consisted of four distinct components:

- (i) **a rapid evidence assessment** of national and international literature reviews about the key components of effective TIA implementation to embed and sustain developments in diverse real world settings and methods for the evaluation of effectiveness. This REA builds on the findings of the systematic evidence review conducted by team members on behalf of SBNI in 2018-19 (Bunting et al., 2019a);
- (ii) **progress mapping** of TIA implementation across key sectors and organisations in NI via a bespoke online survey;
- (iii) **a strategic overview** of senior managers and professionals' assessment of TIA implementation in their area of expertise and the region as a whole via a series of online focus groups; and
- (iv) **four in-depth case studies** of selected cross-sector trauma-informed implementation initiatives in NI.

Each review component built on the findings of the other elements and concluded with a distinctive output. The outputs of all four components were brought together and recommendations provided for how SBNI and partner agencies could progress the implementation of TIAs in NI. The full

report (Mooney et al., 2024a) and Executive Summary Report (Mooney et al., 2024b) are available online via the SBNI website <https://www.safeguardingni.org/trauma-informed-approaches/latest-research>

1.2 Case Studies Overview

Methodology

An integrated process and outcomes evaluation approach was adopted to establish a comprehensive understanding of the implementation of four selected trauma-informed initiatives specifically enquiring about: 1) what was implemented; 2) how it was implemented; 3) what difference it made and to whom; as well as 4) perceived enablers and barriers within the service context and 5) transferable implementation learning. The primary aim was to show what TIA implementation looked like in diverse settings and capture important organisational learning, which could be applied to other service settings wishing to progress TIA implementation. In these ways, it was anticipated that the case studies would help provide a vision for ongoing development. Case study methods encompassed three core activities: 1) analysis of relevant documentation or information related to the TI initiative provided by the case study service; 2) a focus group with key people associated with the development or leadership of the initiative; and 3) a focus group of staff drawn from different positions across the organisation who had differential experience of the TIA initiative. All focus groups were conducted online, recorded and transcribed.

Selection

Case study organisations or services were selected by the QUB Research Team from the online survey submissions (Element 2) where respondents had indicated an interest in case study participation. All the case studies selected had implemented TIAs across the three primary implementation domains adopted by this study i.e. (i) organisational development, (ii) workforce development and support, and (iii) service design and delivery (see below for further detail). Four case studies were identified using critical case sampling, taking account of: organisation/service size; target population (adult/child); service setting; geographical remit; and service sector.

General description of the case studies

The four case studies selected were drawn from different types of service settings, including Education, Justice, and Health and Social Care. They also involved both statutory and voluntary/community organisations of different sizes, serving different populations (see Table 1.1). Each case study organisation presented unique implementation strategies and initiatives, relevant to their service setting, purpose and population. Each case study is available separately on the SBNI website.

Table 1.1: Case study description

| | Type | Setting | Size | Service users | Area |
|---|-----------|-----------------------------------|--------------------|---------------------------------|----------------------|
| Youth Justice Agency | Statutory | Justice | 100-500 employees | Children/young people | Regional |
| Fane Street Primary School | Statutory | Education | Less than 100 | Children/young people | Belfast |
| Salvation Army UK/Thorndale Family Service | Voluntary | Multiple settings/ Social Care | 500 plus employees | Children, young people & adults | UK/ Regional |
| Belfast Inclusion Health Service | Statutory | Health | 500 plus employees | Adults | Belfast HSC Trust |

1.3. A brief note on terminology and conceptualisation

The overarching term of **Trauma Informed Approaches (TIAs)** was adopted in this review to encompass Trauma Informed Practice (TIP) and Trauma Informed Care (TIC) as a means to reflect the relevance of TIAs for organisations which do not provide frontline services as well as those which do.

TIA Implementation domains: In the interest of achieving relevance for this cross-sector TIA organisational implementation review, the research team sought to merge and adapt the primary implementation frameworks available i.e. SAMHSA's (2014) ten implementation domains; Hanson and Lang's (2016) implementation framework for child welfare and justice settings; and the Trauma and Learning Partnership Initiative (TLPI) framework (Cole et al., 2013), which considered the development of trauma-sensitive schools. The following overarching framework was thus proposed encompassing three core implementation domains (organisational development; workforce development and support; and service design and delivery). Within each overarching domain, there are a number of specific implementation foci or indicators which require attention. It is acknowledged that while whole system TIA implementation includes action across at least two of these core domains, not all implementation indicators will be relevant to every organisation, dependent upon their purpose and mandate. For example, the service design and delivery domain may have different resonance dependent upon whether the organisation is a frontline service provider or a support, regulatory, commissioning or governance body (See Figure 1.1). These implementation domains and indicators were used in the analysis of each case study.

Organisational development: a range of organisational developments including governance and leadership; financing and resourcing; review of policies and procedures; the physical environment; enhanced service user involvement; progress monitoring and evaluation.

Workforce development and staff support: training and development initiatives directly related to supporting staff understanding of the impact of trauma and adversity on service users and ongoing support/supervision/training to embed practice change; support for staff wellbeing.

Service design and delivery: initiatives which sought to embed trauma-informed practices into their universal service delivery (e.g. an intentionality towards enhanced relational connection with service users; reduced use of practices which might retraumatise etc.); integrating recognition of service users' trauma history into assessment, planning and intervention; or increased access to targeted trauma-focused services and interventions i.e. specialist interventions for service user cohorts, such as group work or therapeutic modalities.

Figure 1.1: TIA Implementation Domains





An Ghníomhaireacht um Cheartas i leith an Aosa Óig

Agentrie für Young-Yins Fang'It wi tha Laa

Case Study: Youth Justice Agency

2.1 Context

The Youth Justice Agency (YJA) is part of the Department of Justice. This regional service was formed in 2003 and aims to make communities safer by helping children to stop offending. The Agency works with children, aged 10-17 years, who have offended or who are at serious risk of offending. The YJA provides a range of services, often delivered in partnership with other agencies, to help children to address their offending behaviour, divert them from crime, assist their integration into the community, and to meet the needs of victims of crime. YJA has a staff team of just over 200 people who deliver a range of community-based services through five Area Teams located across NI, in addition to the sole regional custodial facility for children and young people in NI, Woodlands Juvenile Justice Centre (JJC). For further information about the work of the YJA, please see <https://www.justice-ni.gov.uk/topics/youth-justice>.

Two focus groups were conducted as part of this case study. One with senior managers who had been involved in designing and leading TIA implementation in the YJA, and another with staff in different roles across YJA community services and the regional custodial facility.

2.2 TIA Implementation

2.21 The implementation ‘journey’

Senior managers spoke of how their ‘journey’ with TIAs began, noting how in 2016, the YJA Assistant Director had been approached to represent youth justice on the ACE Regional Reference Steering Group. This group, made up of public, voluntary sector and Departmental representatives, convened by the SBNI, had been commissioned at that time to look at how to ‘use this new research around ACEs to inform practice’. Following an initial conference, the YJA ‘signed up’ to becoming a trauma informed organisation.

When considering their experience of leading TIA implementation over the intervening years, focus group participants were clear that they perceived their trajectory as a ‘journey’ rather than a ‘destination’. They noted how continuous (sometimes unanticipated) changes

(in staff, management, priorities etc.) demanded that they constantly review progress, revise initial plans, and build in mechanisms to evaluate what change had occurred in order to ‘go back at it again’:

“... our strap line is we’re on the journey to becoming a trauma informed organisation. And I do think it’s a journey. I don’t think it’s a destination. I think staff, your staff teams change, your management changes, other priorities come in and you’re constantly having to revisit what we’ve learned... You know, you’ve implemented something. You think that’s grand. Then you realise actually... is anybody actually doing what we’re supposed to have implemented? You’re going back. You’re reminding people, you’re building in mechanisms to evaluate and review, and then... You’re going back again, so it’s a constant journey.”

(Senior Manager Focus Group)

Following what was experienced as a somewhat lonesome start, the YJA TIA leadership team described just how far they felt they had come, with trauma informed practice now seen as ‘normal practice’ across the Agency, embedded within central policies and procedures:

“...in the early days, I know [the TIA leadership team] felt like we were a bit like beating a drum... was anybody else hearing it? I think we’ve really come a long way, that the whole management team now gets it. This is now normal practice... I’m seeing the words trauma informed practice being rolled into, you know, policies, practice guidance and whatever, you know, using a trauma lens.... the language is really becoming embedded in how we work, and in our core documents, but that has been a journey.”

(Senior Manager Focus Group)

Participants in the staff focus group also expressed their sense that TIA implementation across the Agency had been sustained over a longer period, with the potential for longer term impact:

“... there’s been various times over the years, I can’t think of exact examples, but there’s been various times that the Agency has took on some notion of training, and it’s been sort of thrown towards everybody, and it’s flavour of the month for a wee while and then it just disappears into the ether somewhere. Um... (...) but you know, I think... the whole trauma informed thing has had a bigger impact and probably will have a longer impact. I don’t think this is something that, you know, next year people are going to say ‘oh trauma informed was the last couple of years. We’re moving on to something else now’. Do you know?”

(Staff Focus Group)

2.2.2 TIA conceptualisation and the fit with the YJA

Participants in both the staff and senior managers’ focus groups noted how there was a good fit between the rationale and principles underpinning TIAs, and the work being undertaken by Agency staff with children and their families. Senior managers remarked that while TIP may have been ‘the new lingo’, they felt the Agency had been working in this way for some time, albeit not so coherently or with the embedded level of impact:

“Now, over the years, trauma informed practice, while it might be the new lingo, I would argue we’ve always been working in a trauma informed way. Maybe a bit more, I suppose sporadic, not as cohesively and it wasn’t permeated through our policies and practice in such an obvious way.”

(Senior Manager Focus Group)

There was also recognition that many of the children involved with the YJA, and their families, had experienced significant adversity and traumatic life events. The advent of TIAs was thought to provide a new and ‘different language’ to talk about the impact of such experiences and the aim of practitioners to ‘get alongside’:

“...at the very start, while we didn’t have a title of being trauma informed... this is what we did. We work every day with troubled people that have lots of conflict, lots of issues. (...) As in, people dealing with really traumatic things that have happened in their life, so we’ve always had to deal with that (...) And I suppose we always sort of thought when we started doing this, we thought oh flip... well, we sort of do that already, but that’s just different language, and it’s then just trying to get that language right and embed it in the staff.”

(Senior Manager Focus Group)

Senior managers, however, also noted some of their struggles with the language of trauma and trauma informed care which was perceived as referring to a medical model of understanding presenting issues, more suited to health contexts. For the YJA TIP leadership team, trauma informed practice was considered a more appropriate term which was thought to be well understood by partner agencies as ‘understanding that child and that family’s journey and what has impacted them’:

“...when we met with [name], initially around the [TIC] questionnaire that we’re doing with SBNI, you know, we had a very frank conversation with her to say we don’t use trauma informed care, that’s a medical model. That’s not our model. It’s practice, but I think we’ve got there, and the organisations that we mostly interface with understand the language that we’re using because they use the same language, because unless you’re going into Trusts where you’re working with psychology or working with psychiatry, and it’s very much a defined medical term, everybody else is using it in the same context, really, understands it. In my view, the simplest explanation of it is understanding that that child and that family’s journey and what has impacted them.”

(Senior Managers Focus Group)

Staff focus group participants also noted how the language and conceptualisation of TIAs made ‘sense to our staff and how we work’. TIA principles were reported to fit well with current interventions, offering a new framework to help staff return to what they were trying to achieve:

“... when we were doing the initial ACEs training (...) [we] were saying, this is work we were doing anyway and I was able to put a label on it, (...) these are actually all the cornerstones of a good youth conference plan, and it’s what we were doing anyway, is trying to connect young people into training or employment or their community, in terms of pro-social activities, doing one-to-one work for themselves or others to look at, you know, emotional regulation, etcetera. So we were doing it anyway and it was nice for us to say, well, there’s a framework we’re already using.”

(Staff Focus Group)

The senior managers’ focus group spoke of how they used the analogy of a garden to describe how trauma informed principles acted as an underpinning framework for the many ways TIAs were actualised in different service settings. Such analogies were thought to help managers and practitioners understand the rationale behind aligned change initiatives across an organisation, from human resources to estate management, to policy development and frontline practice:

2.2.3 Collaboration across the system and policy developments

While designated as leading on TIA implementation across the Agency, senior manager participants noted the vital importance of making connections with senior colleagues and aligned initiatives underway across the organisation as a means to ensure trauma informed principles were embedded across the system:

“While we [the TIP leadership team] have led on a lot of the stuff, it’s dove-tailed into other AD’s portfolios, for example, my colleague [name] has led on review in the Youth Justice Agency assessments, moving it from being risk-focused to needs-focused. That was a trauma informed intervention... The development of family work that [colleague] has been working on. Again, it’s like the trauma informed practice... Our development of early stage diversion initiatives, exiting young people from the justice system as quickly as possible, again this is another trauma informed initiative. I mean, you could nearly argue all the work of the agency is [trauma informed]”

(Senior Leaders Focus group)

“It’s a bit like a garden, and trauma informed practice is the soil, and everything else is planted in on top of it. So, as long as it’s well watered... (...) As long as it’s well watered and maintained, you know what I mean. [Laughs]”

(Senior Management Focus Group, YJA)

A number of aligned YJA strategic initiatives were noted as central to the embedding of trauma informed principles and practice across the organisation. These included the development of the YJA Model of Practice; a new 'children's first' needs assessment; enhanced multi-disciplinary involvement, in particular with CAMHS; the Participation Project; enhanced family engagement; and early intervention/diversion initiatives.

The **YJA Model of Practice** was developed as a means to bring together the different practice principles which the leadership wished to embed in all YJA service provision (children first; trauma-informed; systemic; relationship-based; restorative; strengths-based and future-focused; participation and engagement; evidence and outcomes-based), and articulate these as a single coherent model for purposeful engagement with children and their families (see Figure 5.1 and Box 1).

'Children First' Needs Assessment:

Another key policy initiative which offered opportunities to further embed trauma-informed principles included the development of a new 'children first' needs assessment which seeks to explicitly consider children's wider needs, life experiences and life stage, as well as their offending behaviour and other attendant risks. This enhanced consideration of children's needs was expressed by staff as a 'fundamental shift in thinking' inviting them to understand the child's 'back story' as a context for their behaviors:

"with, you know, the ACEs Level 1 and 2 [training], there's been like a collective consciousness of, you know, looking more at young people's... the back story, and I think there's been like a change around the... what has happened to you? rather than what have you done? And you know what. That's a sizeable shift in thinking about young people, and we're not just addressing the [offending] behaviours, it's what's led to the behaviours. You know the back story. So that's been a fundamental [shift]... you know, it puts a context [around the behaviour], it doesn't take away any responsibility from young people, but it does put a context on it."

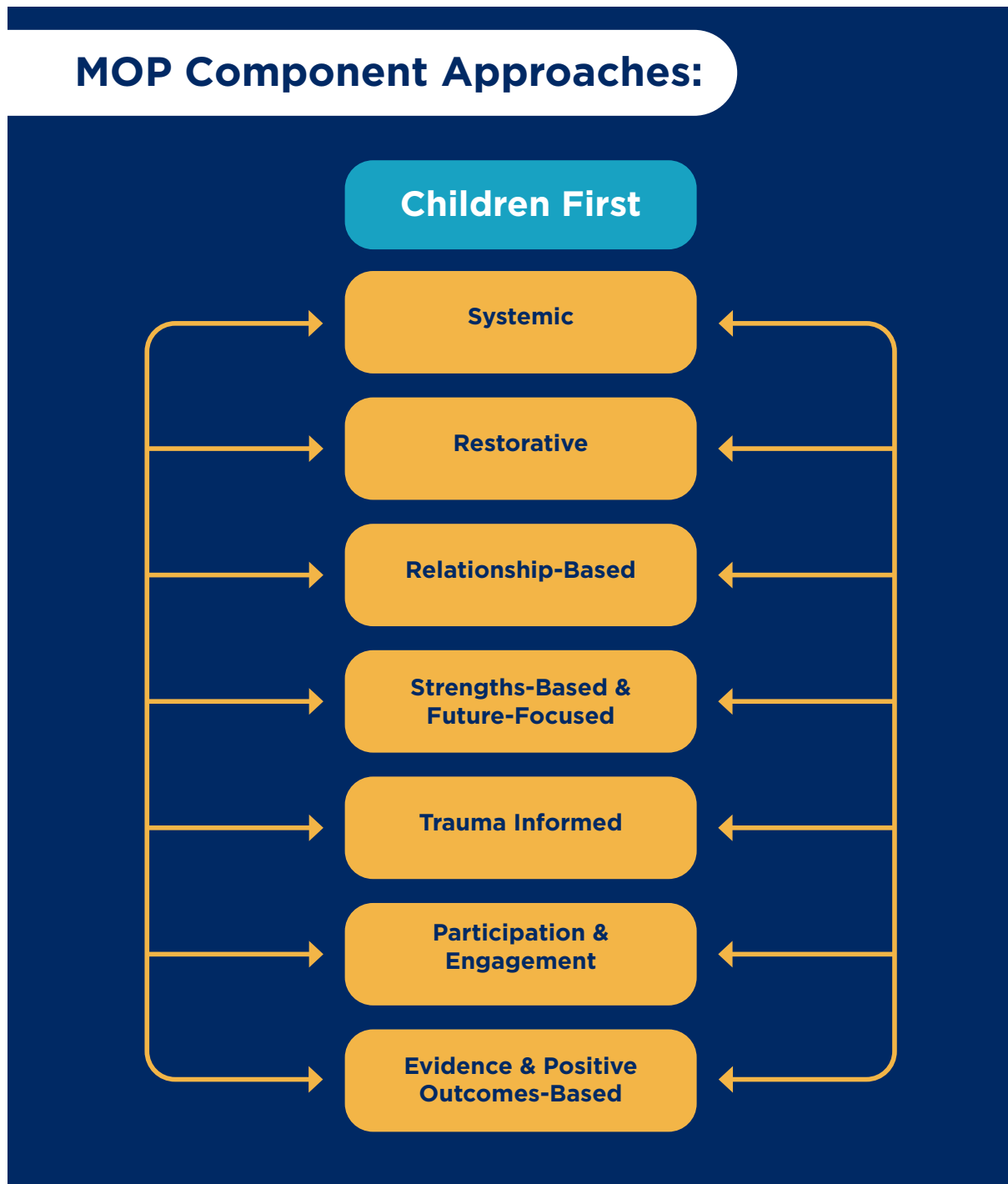
(Staff Focus Group)

This new assessment process was thought to be more supportive of the child and family, bringing benefits for their relationships with staff:

"The assessment for the agency, it has been developed and changed and... rather than more based on the risks, it's more on the needs, and it's very, very much supportive and very much in line with the mitigating factors and how we support that, and that's throughout the agency now... most of the staff have bought into it, and can see the benefits, not only for our young people, but for their relationships with the young people, as well, and also with the families."

(Staff Focus Group)

Figure 2.1: YJA Model



Box 1: YJA Model of Practice

YJA Children First Practice Principles:

- We ensure that the rights of children are respected and that children are treated as children
- We deliver services in a child-friendly and child-appropriate manner
- We recognise, build on and celebrate children's positive behaviours, strengths, resilience and their positive contribution to society
- We consider the needs and developmental stage of children
- We consider, assess and address the broader context and underlying causes of offending by children
- We recognise the responsibility of society and adults to help children to avoid conflict with the law
- We promote Earlier Stage Intervention in maximising opportunities for prevention and diversion ensuring the minimal necessary intervention.

Model of Practice Component Approaches:

1. **Systemic:** This means Children's offending behaviour is understood from within its broader social context; work is undertaken by YJA and its partners to address both offending behaviour and its underlying causes.
2. **Restorative:** Children are encouraged to make amends for the harm caused by their offending behaviour. Restorative processes are used to "restore" children, families and victims and to promote the inclusive reintegration of children within their communities and wider society.
3. **Relationship-based:** YJA interventions are delivered within the context of positive working relationships. These relationships are based on meaningful engagement, empowerment, respect, honesty, trust and optimism.
4. **Strengths-based & future-focused:** YJA focus is on recognising and celebrating the existing strengths and resilience of children and their families/carers. We aim to nurture and sustain hope, personal agency and to strengthen social networks. Our interventions promote and support positive change.
5. **Trauma-informed:** Multiple Adverse Childhood Experiences (ACEs) and trauma may contribute to offending behaviour by children and/or make it more difficult for them to address it. All YJA staff are ACE-aware and practice in a trauma-informed way.
6. **Participation & engagement:** YJA is committed to continuing to develop and deliver services in partnership with service users. Children and family engagement in service design is crucial.
7. **Evidence & positive outcomes-based:** YJA practice is informed by holistic research and is evidence based. YJA measures the impact of its services both on a population and individual basis.

This shift from a predominant focus on risk was also articulated in the custodial context on an ongoing basis, rather than simply at point of assessment, with staff invited to ‘think outside the box’ in relation to support for the child as opposed to applying a security-focused lens alone:

“So... an awful lot of our policies and procedures or the operational policies were very much based on risk, were very much based on this must happen and you do this, this and this, ... (...) we’re very lucky in the [Juvenile Justice] Centre where we have... an OT, we have a psychologist and... the psychiatrist there. So we kind of... we meet with them on a daily basis at our morning meetings, we would be discussing the young people and discussing things that have went on, where that wouldn’t have happened before, say a young person had lashed out or he had smashed the window or he had smashed a phone line... it would have been about, first of all, keeping him safe and keeping him safe from everybody else, where now it’s kind of... we’re kind of thinking outside the box and looking at what, what can we do to support this young person rather than just maintaining the security?”

(Staff Focus Group)

CAMHS collaboration: As noted in the quotation above, actioning this practice change, in the context of challenging behaviours, involved multi-disciplinary collaboration with CAMHS colleagues on the secure campus with daily meetings held to share ideas and ensure coherent, tailored, supportive relational practices with individual young people across the unit. This enhanced collaboration with CAMHS was also mirrored in community settings with the development of an ongoing programme with the HSCTs, which to date has seen the co-location of CAMHS practitioners in two of the area teams, and the use of the Strength and Difficulties Questionnaire as a screening tool to identify additional need. This co-location was thought by both staff and senior managers to have made a significant positive difference to young people, ensuring that they had direct access to relevant support rather than having to go through their GP for referral and be placed on a lengthy waiting list. Participants noted that this helped the young person ‘feel listened to’ with a sense of ‘instant hope’ apparent:

“In terms of CAMHS, we [have] the initial pilot of having a CAMHS senior practitioner co-located between the community CAMHS team and Youth Justice Agency... and then, what we started implementing was the Strengths and Difficulties screening tool for every young person... and that was two-fold. Part of that was to see what extra services the young people needed and was to get a direct access point to CAMHS, rather than having to go through the GP in a waiting list. So that gave us immediate access to [CAMHS practitioner]... (...) also to collate all that information and build up a profile of need in our area, and I think it was coming out of 60% plus of the young people involved in offending behaviour had other needs that weren’t being met, you know, and we were able to get the referral process in place for that, and that’s also been now expanded out into the other sort of community teams and obviously... ACORNS in the JJC.”

(Staff Focus Group)

“And that’s made a real difference in people, because I suppose when kids get a referral, they’ll have to wait weeks and weeks and weeks before something happens. And when they actually get to be involved with YJS and the community and they meet that CAMHS worker, see even just that initial ‘I can see your face... I’ve had a conversation with you’, that gives that child a certain amount of hope... Something’s going to be done about this... You can see the difference from the kids meeting the CAMHS worker in the community. They’ve got that instant thing. They’re not waiting 12 weeks to get an appointment. They’re not having that... ‘Oh, nobody’s actually listening’. It’s instant and it gives them that instant hope.”

(Senior Manager Focus Group)

Participation Project: Central to the overarching TIA initiative was the promotion of participative practices across the Agency. This included the development of the Youth Forum, a Participation Officer and the Expert by Experience pilot with young adults with CJS experience as means to promote the ‘voice of the service user’ and work toward ‘meaningful engagement and consultation’ with young people in the design and delivery of YJA services:

“But [the Participation Project] was very much linked back into the trauma informed practice piece around understanding the voice of the service user and how we get to that point of co-production. So that actually came out of the trauma informed practice, a pilot, the need for a Participation Officer... I mean we do have satisfaction surveys... we survey our young people, you know, [they are] surveyed up when they complete their plans and orders and any intervention, we’ve lots of data around that, but we needed to go beyond that in terms of meaningful engagement and consultation, have an Experts by Experience and at some points how they inform service, like co-production in terms of developing future services. So that’s where that bit came in.”

(Senior Leaders Focus group)

The development of the Participation Project formed the focus of the YJA’s response to this study’s online survey (Chapter 3). Please see Box 2 (YJA survey submission excerpt) for further information about this particular element of service provision.

Enhanced family engagement was noted as another important strategic initiative across the organisation where trauma-informed principles were embedded. Both practitioners and senior managers spoke of family engagement, including with parents and siblings, as a key part of the needs assessment process and essential to understanding the ‘child as a whole’:

“When I think of working in a trauma informed way, I suppose, I think very much of like you know working with the child as a whole, ... you know working with the family, the families as a really important, you know, way of me working in a trauma informed way.”

(Staff Focus Group)

“It’s a core component of our model of practice... children aren’t taken in isolation. So there’s a lot of systemic practice work undertaken, and a lot of kind of pathways identified for parents and for siblings as well, because obviously young people within the environment um..., everybody’s kind of assessed, you know, what are the needs?”

(Senior Manager Focus Group)

Such engagement was considered essential to achieving better outcomes for the children, with the direct provision of YJA services to family members (e.g. supportive family conversations with therapeutic intent; parent group work; acupuncture for parents) as well as referral and liaison with other specialist services when needed (e.g. mental health, trauma and domestic violence services). Such enhanced engagement was undertaken in recognition that many families involved with the YJA, have had personal experience of a range of adversities and traumas:

“So we do have parents getting regular acupuncture. We do have a lot of support, one to one support with families, with parents, with everybody around the table, or with who we can get as well, you know, because sometimes it’s, you know, we work with who we have... But yeah, there’s a lot of family support and family work happening, you know, within cases, and then connecting with other services, if, you know, childhood trauma sometimes can be disclosed... or mental health or domestic abuse. And it is about having those conversations, and staff recognising the trauma of family members and parents, and the importance of the support, and when people are well, then, then things work better within the homes and we see that a lot with our cases.”

(Senior Manager Focus Group)

Box 2: Development of Participation Across YJA Service Delivery

Project Aim: As part of the YJA trauma informed practice implementation, it was agreed by YJA Senior Management that YJA would develop a Participation model. This would ensure the involvement of service users in the design and delivery of our services. We hoped to build on existing participation forums and set up a formal Youth Participation Forum (YPF). We also ensured YJA had a dedicated Participation Officer to develop, co-ordinate and take forward participatory practice. The term participation means the involvement of children and young people in decision making on issues that effects their Lives. It is enshrined in Article 12 (1) of the UN convention of the Child and is ratified in NI since 1991. Embedding effective participatory practices and involving young people in multiple levels of decision making, presents a number of unique opportunities in a justice context.

In line with the YJA commitment to 'deliver services in partnership with service users' as outlined in the YJA Model of Practice, a participation pilot was launched in January 2022 wherein a YJA staff member was seconded into the participation officer post to:

- 1) develop the YJA position around participation;
- 2) Allow for a scoping exercise with staff to assess current YJA participatory practices and what may need developed or improved;
- 3) the Development of YJA guidance on consultative participation framework both for internal and external requests;
- 4) Begin the process of developing a Terms of Reference and scoping exercise for what a Youth Participation Forum may look like.

Brief description of project: The YJA focus on the participation of young people in 3 key areas:

- i) **Direct Practice** - 'Young people are given the opportunity to discuss areas of their work or plans, appointment times and areas of support' (YJA Staff Input- Scoping Exercise Feb 22). Young people's contribution to areas of individual work can be seen in: Youth Conferences and other disposals, plans of work and reviews, weekly appointments - choice of date, time, location, area of work etc.; Provision and activities
- ii) **Service Development** - 'Young people should be more involved in conversations regarding their needs and safety planning. Gaining feedback from young people about approaches and interventions' (YJA Staff Input- Scoping Exercise Feb 22). Young people's contribution to processes in which decisions are made about them, such as: Contribution to YJA assessments and screening tools; attendance or contribution to priority case discussions and safety planning; pathway planning
- iii) **Strategy & Policy** - 'Young people's views should be sought before the implementation of new policies or procedures which will impact them' (YJA Staff Input- Scoping Exercise Feb 22). Young people's contribution to organisational direction and governance, such as: Consultation on corporate and business planning; Consultation on policy introduction or change; Contribution to publications, PR, social media presence etc.

As the pilot has progressed the buy-in from YJA staff from CEO level to operational frontline has been significant. This has allowed for meaningful engagement with staff and young people on the value of proceeding with the project.

Young People through our consultation on the Corporate Plan have told us what we are good at 'building, relationships, offering help and support' - but also highlighted what we need to improve - 'more work with families'; 'more support around education, training and employment'.

Staff have told us that this is a new area of work for YJA which needs time and commitment to build and grow into an authentic organisation which looks to its service users as co-designers of services which fit their needs. However, we need to be aware that there will be conflicting and contrasting views as there are inherent tensions across all key stakeholders in the area of youth justice."

Such family-focused interventions are mirrored in the custodial setting with efforts made to ensure children continue to have 'family experiences' while in the JJC, such as having a meal together or going swimming. This was noted as a key change in how custody was organised over the years, with family visits now recognised as important interventions in their own right to help children and families remain 'connected' in the knowledge that (most) children would eventually return to the family home. Family accommodation had been upgraded to ensure that this welcoming ethos was apparent:

"I think that's probably one of the big changes... custody has changed greatly in the last 30 years to what you can achieve and what you can do. And certainly, we have looked at visits. We've got lovely family accommodation here, but it's about bringing kids and siblings up and allowing those young people that are here to still have family experiences... have a meal together, to cook together, to make buns, to go to the swimming pool together, you know, all those activities... maybe go to the gym, and keep that connection, because we're very conscious that once a child leaves us in custody, they're going back out to the same environment, and the same issues, and all the other things that are going on. So if we can make that connection with their carers or parents better..."

(Senior Manager Focus Group)

In addition, parents are provided with a wide range of group work activities based in the JJC as a means to offer relevant support:

"So ... [parents] meet every Tuesday night and they would do a table for the year about different supports that they'll do. So they'll talk about conflict. They'll talk about, you know, ... mental health and have CAMHS... they'll come down for a visit to the Centre. We'll do first aid with them, with their young person then, so if you were, you know... if you were overdosed on drugs, what would you do? All those sorts of things. We've also modified... and delivered a bit of [trauma] training as well to them, to just let the parent realise the supports are there, and then... we've produced a toolkit to give the parents... even over COVID, we gave newsletters out, to how you're coping with

your own mental health, how to deal with your young people... and signposting them to different services."

(Senior Manager Focus Group)

One initiative, initially developed over the COVID period when visits and group work were restricted, was 'wellbeing boxes' for families. These were created with the children and tailored for their particular family, as a means of supporting families but also affirming for children that staff understand that 'family is important', and that children are still 'part of a family' while in custody:

"And then we also did..., which I would like to see more of probably, is those wellbeing boxes that we created and we got the young people in the Centre to design what would go into a wellbeing box if your Mummy or Daddy or whatever, you know, suddenly lost you and you came into custody, what would reassure them? If they got a box, what would be in that box to help them cope with you not being about... So they designed a box and we were able to produce some of those and get them out to the community in custody, so that we were able to maintain that connection, that we actually... we knew that your child has come into the services of youth justice, but we also recognise you, as a parent, or a carer, that it's a difficult time for you as well. So within that box, we were able to give instructions about looking after yourself, looking after your mental health... little things in it that the kids had made like, you know, there was like a wee lavender pillow the girls had made in custody, and they put that under to help them sleep better, you know, there was fidget toys. There were like motivational magnets that were done... little things like that, that just made... 'Well, no, we recognise that, you know, your son or your daughter are with us, but we realise they're part of a family and that family is important'."

(Senior Manager Focus Group)

Early intervention/diversion: Focus group participants also highlighted the positive impact of early intervention strategies, as an important strand of the YJA's implementation of TIA to divert children away from the CJS where possible. Staff were at pains to note that dealing with offences at a 'lower level' in the CJS did not, however, mean that offences were not appropriately acknowledged or that the intervention received differed. Rather, it changed how offences were recorded, thus avoiding children being unnecessarily criminalised early in their CYJ pathway, and improving longer term outcomes:

“There’s young people coming through now for community resolution notices, where, you know, ten years ago, for exactly the same offences... they would have been dealt with a couple of levels higher. They would have had a diversionary youth conference and then they would have been in the court... now, that’s not to say that youngsters are being let off for what they’re doing, do you know what I mean? It’s just that they’re being... with at that lower level, [it] means essentially they get the same type of intervention that they would have got before, but as far as how it’s recorded on their criminal records concerned, it’s recorded at a lower level, which... gives better longer-term outcomes for young people.”

(Staff Focus Group)

Focus group participants also described initiatives to try and keep young people out of the JJC when on remand, if considered safe and appropriate to do so. This was done in the knowledge that the experience of entering the Centre can be 'traumatic' for some young people:

“We would interface with the police custody suites every morning and... have a discussion with the bail sergeants who have the power to oppose bail, which in turn means young persons, you know, get remanded to the JJC in the first place, and say, ‘well, listen, we can offer a package of support to the family’... and then work with the young person in the community to sort of offset them going to JJC in the first place... and that’s all based on trauma informed practice as well, providing that family support work... and the young people, because we are aware of how traumatic, you know, going into the Centre can be for some young people, and again

particularly young people, say like ASD [autistic spectrum disorder] or whatever, you know, that... could be very detrimental to their wellbeing.”

(Staff Focus Group)

Other aligned initiatives in the early stages of development involved the use of foster care for young people on bail who could not return to their family home through no fault of their own:

“We are also piloting bail fostering... so we have our first... up and running... so we have a young person using that bed at the minute who would have been remanded to the Centre... (...) But rather than him being in the Juvenile Justice Centre... he’s with a foster family in the community.”

(Staff Focus Group)

2.2.4 The physical environment

While many of these aligned policy initiatives have developed and grown over time, senior managers reflected on the challenge of getting TIA implementation started in the early days of development. They noted how they sought to start with the 'very obvious stuff' such as their 'physical spaces', as a means to achieve some 'quick wins', while getting staff on board and making the change visible:

“I mean, you could nearly argue all the work of the agency is [trauma informed], so... we tried to start with very obvious stuff. So how we started in the early days was looking first of all, one of the quick wins we thought, was looking at our physical spaces. So [name] led on that for the Centre and we looked at that in the community because that was something very obvious that staff could grasp.”

(Senior Manager Focus Group)

“...if you’d come into our office five years ago, before trauma informed was being talked about, and if you came into our office now, I do think that you would genuinely physically see... a difference.”
(Staff Focus Group)

“The ambiance and the way the place feels and looks when you come into it, it is a nice place to come into.”
(Staff Focus Group)

As well as the upgrading of family accommodation and visitors’ rooms in the JJC to make them more family and young person-friendly, staff participants also noted the development of ‘softer’ rooms in some community settings, where children could receive alternative therapies:

“I do agree in terms of the, you know, the physicality of the offices.... [they] have definitely changed and it does feel warmer... I suppose when we were trained in the acupuncture, we got the go ahead to create, you know, a room to carry it out in, which was great. So it is a room that the young people actually... like, even if they’re not getting acupuncture on that [day]..., that’s where we would see the young people, they like that room. It’s just softer. There’s pictures. There’s, you know, fidget toys. There’s...food as well in the room, and it’s just a nicer environment.”
(Staff Focus Group)

Participants also spoke positively of other practical changes to the physical environment. These included the provision of food and drink or ‘grab bags’, and hygiene toiletries in many community settings. Such seemingly small, ‘simple’ trauma-informed changes were viewed as important by all participants across the focus groups in the context of the cost-of-living crisis and in the knowledge that children cannot concentrate if they are hungry:

“Another thing we did was ensuring we had... the language is not great... we changed the language, like poverty boxes, but food basically in all our offices so that children were getting fed when they came in because we realised no, a child who’s hungry isn’t going to concentrate on what they’re doing. So... ensuring that those very simple basic, back to basic stuff was happening.”
(Senior Manager Focus Group)

“We’ve got a couple of practical sort of changes... we would have a big box at the door filled with what we call grab bags. So they’re like wee snack packs of, you know, a bottle of water, a couple of wee snacks, different things. And any young people who are... coming into the premises or more importantly, when they’re leaving, you know, just hand them a wee grab bag and say you should take that with you, um... just with the whole cost of living thing, you know, you don’t know whether people are eating or drinking or whatever... in our toilets, we would have free period products, you know, available for people to lift. Um... you know, none of these things are mind-blowing, but we weren’t doing them before, and we are doing them now.”
(Staff Focus Group)

Such changes to the physical environment were noted as particularly important in the context of the work undertaken by the YJA, with participants noting that both children and families are often ‘very nervous’ when first engaging with the YJA:

“... it definitely helps... when you’ve got the CRN’s [community resolution notices] coming in, maybe with their parents, and they’re nervous... So it’s like a one-off and you would meet them for, you know, one session, but these are very, very young kids coming in like, 12,13, 14, and they’re very nervous. They’re coming into our system for the first time, so having them come into, you know, a room, an environment like that, just eases them straight away, you know?”
(Staff Focus Group)

The availability of fidgets was also noted as important for young people with complex needs. In the custodial setting, a focus group participant spoke of how these were used to assist young people to regulate their emotions in challenging circumstances, such as case review meetings. This had evolved into the creation of 'self-care boxes' with young people to help them find alternative ways to manage stressful experiences:

"I suppose the benefits for... the young people is that... because of their complex needs ... within custody, what we have noticed is they're able to manage their emotions and regulate their behaviours more. It's a silly thing. I'll give you a practice example of... bringing... like fidgets, having fidgets sitting on the desk while we're trying to engage on a one-to-one or even while a meeting's going on, like a LAC review or a case review, you know, actually having those things in the meeting, a young person maybe sitting fidgeting with that, is being able to regulate themselves and their emotions more, and participate in the meetings. Now that's just a wee silly example, but that for us, has been really beneficial and we have been able to build upon that.... We have, what's called self-care boxes for those young people that have, you know, who are struggling. So, we... alongside them and our ACORN, our CAMHS people, we kind of look at, well, what can we have in the physical environment? What can you have here? To maybe support you and help you... if you have come off a bad phone call or... your bail's been turned down, you know, rather than go to emotion or lashing out, we were able to build upon that."

(Staff Focus Group)

This range of visible physical environment changes were thought to act as a reminder for new staff that the Agency was trauma-informed:

"I've definitely kind of noticed that change in the environment... I suppose for new staff coming in, it's good to be reminded, you know, and it's good that trauma informed has become a focus [in the physical environment], and it is, you know, constantly reminding new staff."

(Staff Focus Group)

2.2.5 Everyday practice changes

Participants also mentioned a range of seemingly 'small' changes to their everyday practice which had developed as a result of TIA implementation. These included an enhanced focus on child advocacy with external partners; renewed attention to recording and information-sharing practice; enhanced child support including connecting young people with external support agencies; and outreach efforts made to promote engagement and avoid traumatising.

Collaboration with external partners: Both senior managers and staff noted significant changes in their work with external agencies, with an *enhanced focus on child advocacy* as a result of TIA implementation. One senior manager noted that once you start to take account of the child and family's life history, it shapes 'how you intervene' but also 'how you advocate for that child' with the other services involved in their lives (e.g., the police, education, Trusts):

"That was the other bit that, I suppose, attracted me was in terms of understanding that child's trauma, that child's journey, even that parent, or that family's trauma and journey gives a different focus to how you intervene and also shapes how you advocate for that child. So it wasn't just about youth justice. Looking at our practice and our service delivery, it was about how we communicate with the police, for example, around what they're doing might not be the best approach... How we hold the Trusts to account to say actually you need to provide a service and here's why... how you go back to education around reduced timetables and all the rest. So that was that collaboration piece and that working in partnership and, as a result, we also were able to develop new partnerships."

(Senior Manager Focus Group)

The shift to integrate a 'children first' philosophy was noted to have brought greater attention to the child's 'backstory' and wider needs (as well as risks), and led to focused consideration of *recording and information-sharing practices* with regard to what information should be shared with other involved agencies as well as the language used:

“We also looked at our court reports and our reports to the Public Prosecution Service to change the focus and language within those reports, to make them more needs-focused, to... bring the language of trauma and adversity.”

(Senior Manager Focus Group)

“It’s getting it out to the PPS [Public Prosecution Service], the district judges, etcetera. You know, high court applications, getting it across there as well.”

(Staff Focus Group)

“Through court reports and PPS [Public Prosecution Service] reports and assessments... we probably have more of a focus on at least mentioning or referring to, you know, young people’s adverse childhood experiences.”

(Staff Focus Group)

In these ways, collaboration with external agencies were considered to have been enhanced and new partnerships developed in the best interests of the child.

Enhanced child support: Staff focus group participants reported how YJA practice had changed over the years of TIA implementation, with perceptions of enhanced child support rather than mandated courses. One relevant example was the shift away from ‘anger management classes’ to working to support young people to ‘manage their emotions’ and make ‘different choices’:

“Managing emotions is obviously the big one for our young people... people have mentioned youngsters with neurodiversity, you know, back in the day... the number of young people who came through for fighting or punching somebody and they had to do anger management classes or something like, do you know what I mean? It’s not that they need anger management. It’s that they need to learn and understand what their emotions are and how to, you know, make different choices... It’s about managing emotions, rather than about anger management.”

(Staff Focus Group)

Staff also noted the vital importance of *linking young people in with other services* and the provision of *short-term training*, e.g., forklift driving licenses. It was emphasised that ‘small things’ can be ‘transformative’ for young people’s lives, providing new opportunities and changing how they are perceived in their families and wider communities:

“Being connected is trying to link people, young people, into other services or other resources... a lot of the fund, small grants that we would have, you know, goes to pay for forklift driving licenses... and people are thinking, you know, we’re sort of... providing for all of the warehouses of Ireland. But you know what I mean? A youngster who is 17 with no qualifications, no GCSEs, no experience, they go and do that 3-day forklift license and the next day they can go on and be working that night in a warehouse. Do you know what I mean? Those small things are actually transformative... And then the young person within their family changes from being that no-hoper who’s always in bother with the police, to the person who’s working in the warehouse tonight.... that can be life changing for some young people.”

(Staff Focus Group)

Staff also noted additional *outreach efforts* made by themselves and partner agencies, to help young people with complex needs engage in a positive manner by, for example, going out to meet them at home rather than bringing them to the office or allowing them to attend court via video-link:

“I’ve seen a really big shift with regards to the police... we will work very closely with the YDOs [Youth Diversion Officers]... I’ve had a few cases lately where we’ve had difficult young people, I’m thinking of one case in particular, the guy is quite autistic. And you know, the way the YDO came out with myself and we did a home visit, rather than bringing him out of his environment.... you know, rather than bringing him in... he doesn’t like to leave the house, so rather than bringing him somewhere, and that’s going to make him uncomfortable, she came out to the house with me. You know, so wee things like that, that wouldn’t have happened, you know, a few years ago... they’re definitely... the message is getting across to different agencies as well, which is great.”

(Staff Focus Group)

“In a similar vein, we would have some of our young people with neurodivergent sort of issues... attending court by site link rather than in person, and the court environment and all the stress that goes with that too... But explaining to the district judges why we’re looking to do this, so it’s not a case of young people, you know, not attending or adhering to court.... It’s, you know, it’s the issues they’re facing, the stress of... So that wouldn’t have happened years ago either, you know?”

(Staff Focus Group)

2.2.6 Workforce development and support

‘Loads of support and loads of training’ was seen by focus group participants as essential to the YJA TIA implementation journey, with staff recognised as the essential ‘tools’ which make any initiative ‘work’. Efforts were therefore needed to create environments that were ‘just as supportive to the staff’ as the young people:

“One of the big things that we maybe haven’t talked about is the wellbeing of staff, and about the fact that... that’s a major thing for us at the end of the day, is to try and create an environment that is just as supportive to the staff as it is to the young people, because they are the tools that make it work and that’s a massive thing.”

(Senior Manager Focus Group)

Workforce development: In the early days of implementation, senior managers spoke about developing an initial training plan to ‘skill people up about trauma informed practice’ with universal training (such as Levels 1 and 2 of the SBNI TIP training) ‘rolled out’ across the organisation. There was a recognition, however, that this in itself would not be enough with the ongoing development of a ‘bespoke’ training agenda to meet staff needs:

“We also developed then a training plan around what we need to do about skilling people up around trauma informed practice. So our staff, all would attend the trauma conference, but we also identified different bits of bespoke training. That’s an ongoing thing.”

(Senior Manager Focus Group)

A range of specialist training programmes were sourced, responsive to service development requirements, and provided to designated staff with the need for a ‘good budget’ noted. More specialist training offered included: SBNI Training for Trainers for the TI champions; SBNI ‘Be the Change’ leadership programme; Systemic Practice and Family Therapy training; Compassionate Inquiry Training; Alternative Therapies training; and externally commissioned TI supervision training. Training opportunities were described by staff and managers alike as ‘not tokenistic’ and often of excellent quality:

“For staff training, we have a very good budget for staff. So some of our staff are actually in the second cohort doing the compassionate inquiry training, which is amazing, you know, staff have reported this is the best training that I’ve ever done.”

(Senior Manager Focus Group)

Staff support and wellbeing: Both staff and senior managers noted a transition in the more recent years of TIA implementation toward an enhanced focus on staff wellbeing and support:

“In the sort of the first few years of the whole trauma informed, the focus has really been towards the young people and families who we were working with, but I think, you know... there’s now maybe a sort of looking at policies and procedures through a trauma informed lens. But I think the agency are possibly now... taking a bit more of an interest in, you know, thinking about staff welfare and staff wellbeing, you know, potentially with the trauma informed kind of link.”

(Staff Focus Group)

Senior managers spoke of their aspiration to *create a ‘compassionate and caring’ trauma-informed work culture* for staff. While recognising the ongoing challenges and pressures to do so, efforts had been made over the course of TIA implementation to ‘listen to staff’ and be ‘responsive’ to their needs. This included the provision of staff wellbeing events; staff autonomy to manage their own diaries; and time off in challenging personal circumstances. Together, these were thought to have helped retain staff in spite of the challenging work:

“We try to be responsive and not reactive, and we do try to listen to staff and develop things, you know, that they find useful and beneficial. Pre-COVID, we would have had a health and wellbeing day where all staff came to the JJC and they got slots to get things like reflexology, massage... and I mean we have staff who came across from the Trust who were going ‘we would never get this in the Trust’. So sometimes I think we’ve a way to go in terms of how we work with staff when they’re being difficult or challenging and how we remember to keep that trauma lens and all the rest. But I think, in terms of other practices, we’re light years ahead in terms of, you know,

having budgets for staff wellbeing events, looking, understanding... giving people the afternoon off... staff members being particularly challenged, having a difficult time at home, [name] will go, ‘you know what? just go home early or do what you need to do, sort it out’. We use that kind of approach, our staff have a lot of autonomy and they manage their own diaries. ... staff have stayed with us because of that. So there’s something there in terms of we are trauma informed, well to me it’s compassionate and caring, which is part of trauma informed practice and we try to do that. I just think at times, know, managers have different competing priorities.”

(Senior Manager Focus Group)

This focus on workforce wellbeing was appreciated by staff participants with increased attention to the impact of the work on their own wellbeing, and agency efforts made to improve *line management and supervision practice* across the organisation:

“It definitely has brought focus to managers as well in terms of staff and management of staff. So definitely there, you know, over the years I have seen... a shift in terms of how we’re managed and supported, and you know, and we also have to... think of our own trauma, and how we manage that and how we manage with regards to young people. So that definitely has been a benefit for me because there’s more focus, you know, on young people and staff, you know, rather than just the young people.”

(Staff Focus Group)

This focus on management practice had prompted the TIA leadership team to externally source trauma-informed supervision training for their middle managers, which was currently underway and reported upon very positively. It had prompted the initial draft of a supervision policy. It was envisaged that the current trauma-informed supervision participants would be involved in further developing as a means to ‘harness that motivation’ and build on the learning. A bespoke ‘slot in supervision’ to discuss trauma-related issues was envisaged as a future development:

“It gives us really good direction... we did a draft policy about what supervision should be. But the people that are actually doing it are now going to be involved... the feedback on the sheets is great and really good indicators of... right, this is a really good positive way to go forward, and that’s the main thing. We want to do now is try and just harness that motivation now that people have”

(Senior Manager Focus Group)

“Understanding of vicarious trauma for staff, working with young people over periods of time too... whilst I would like to see a slot in supervision, specifically to discuss trauma-related issues and on how that may be affecting yourself as a staff member, I know the training’s ongoing and that’s hopefully a future development.”

(Senior Manager Focus Group)

Another noteworthy example of policy development in the area of staff wellbeing, commented upon in both focus groups, was the development of *practice guidance following the death of a child* – unfortunately, a not uncommon event when working with this highly vulnerable population of children. In such circumstances, the impact on staff was noted as significant:

“... our cohort of young people who we work with are extremely vulnerable. And I think most staff members, both in custody and in the community, have experienced the death of a young person that they were working with and you know, we work with some young people for years and years and years and have, you know, very deep relationships with some young people and it can be very traumatic to ourselves.”

(Staff Focus Group)

Staff participants noted how previous practice in these circumstances would have been to simply ‘close the file’ and ensure staff had completed all the necessary tasks:

“I know they’ve reviewed a couple of different policies, especially things that are quite serious, like, you know, the death of a child who staff are working with and, you know, how staff might be better

supported in that scenario, rather than the olden days, when simply the file was closed and somebody was asked to make sure that they’d done all that they were supposed to have done.”

(Staff Focus Group)

Senior managers reported that when developing this policy document, they had contacted other agencies to see if any similar practice guidance existed but discovered, to their surprise, that none had. This was a policy that managers were reportedly proud of with the primary emphasis on how the agency management would support the staff member in such circumstances:

“One of the things we did develop for staff was we have a practice guidance around what happens if a child dies, and when we were developing that, we went and spoke to CAMHS. They don’t have anything. We went and spoke to Child Paediatrics. They didn’t have anything. We went and spoke to Social Services. They didn’t have anything, and then we realised... Yeah. So what we’re... really proud of that document. It’s a brilliant document... It talks about what management will do to support a staff member ... And then the second bit of it, is about how that staff member will be supported to manage their own grief, because we’ve all worked with staff members and have known children who have died in traumatic circumstances. So that piece of work was really interesting for me, particularly when we realised none of the organisations or departments that you would expect to have some sort of policy guidance... for their own staff, didn’t have it.”

(Senior Manager Focus Group)

Examples were provided when this had been implemented with good effect following a child’s death by suicide:

“There was really positive feedback in relation to that from one of the teams who recently lost a young person through suicide, where the Chief Executive had phoned the staff and it was very positive feedback.”

(Senior Manager Focus Group)

2.3 Outcomes and Perceived Benefits

Focus groups spoke of a wide range of outcomes and perceived benefits that were thought to have emerged from the implementation of TIAs across the YJA, both in community services and the custodial facility. These included child (including family) outcomes/perceived benefits, as well as those for the staff and the organisation (Please see Table 2.2 for summary).

Table 2.2: YJA Outcomes and Perceived Benefits

| TYPE | SPECIFIC OUTCOMES AND PERCEIVED BENEFITS |
|------------------|--|
| Organisational | Relevance of TIA for children with complex needs and repeat offenders – leading to better outcomes – potential for cost/resource savings |
| | Common language of adversity and trauma across agencies – enhanced collaborative working and ‘collective responsibility’ – more effective intervention |
| | Fewer restraints and separations in custody |
| | Improved de-escalation and recovery practices, including the creation individualised support plans |
| | Reduced staff sickness |
| | Improved staff retention |
| | Lower numbers of children going to court |
| | Fewer convictions |
| | Lower number of children entering custody |
| Staff | Staff motivation to make a positive difference in children’s lives |
| | Staff feeling valued and included |
| | Staff (including unqualified staff) feeling more confident that their contribution and opinion matters |
| | Purposeful and focused practice/intervention |
| | Enhanced attention to staff wellbeing and vicarious trauma within organisation (e.g. trauma informed supervision; support following death of child) |
| | Enhanced staff self-awareness (re. triggers/stress) and confidence to reach for support |
| Child and family | Enhanced family/network engagement and relationships |
| | Child connected back into education, training, employment and wider community |
| | Better relationships between staff and young people (and their families) |
| | Child feeling heard and valued |
| | Improved child mental health and wellbeing (short term) |
| | More positive long term life chance due to (earlier) CJS diversion |

2.3.1 Organisational Outcomes and Perceived Benefits

While resulting in improved service provision for all, senior managers believed that a TIA was particularly useful with *children who presented with greater complexity of need* or who engaged in more persistent offending behavior. For such children, a TIA was thought to offer more ‘meaningful’ intervention and better outcomes. It was also noted that working with complex cases was expensive in terms of resource and long-term involvement:

“I mean it’s relevant to a large percentage of our population. I wouldn’t say it’s relevant to all... we do get some kids that [offending behaviour] is just experimental, or they’ve made a silly mistake or whatever. But the chaotic and complex kids, the prolific and persistent offenders. Yeah, that’s really relevant to them. And I suppose they’re the population that we spend the biggest resource on and work with the longest. So in terms of really ensuring our interventions are appropriate, we’re making a meaningful difference, to have better outcomes for those children then, yes, definitely.”

(Staff Management Focus Group)

Focus group participants frequently mentioned how the knowledge of ACEs and trauma had provided a common ‘language’ between services. For the YJA, this had led to more child advocacy with interfacing services in order to consider different ways of understanding child presentations and how to intervene (please see above for further detail). This common language was believed to have resulted in *improved interagency collaboration, instilling a ‘collective responsibility’* for ensuring services worked together in the best interest of the child:

“So... all this has started to kind of dovetail at the same time because people were making the connections, because the good bit for me around the language of ACE and the language of trauma, is it creates commonality. So when you’re going into meetings, and Trust staff or Education Welfare Officers or whoever... are now understanding the language, then it’s easier then to kind of funnel in resources and have, I suppose, the conversations that you need to have rather

than us all using different terms. It created a collective responsibility in my view, which made our job a lot easier in terms of not just how we develop trauma informed practice internally, but how we promote [it]... how we push that externally... our staff are brilliant at. They really are. It’s part of their core work.”

(Senior Management Focus Group)

In custody, focus group participants spoke of *decreased use of physical restraint and separations*, with noted improvements in *staff ability to de-escalate situations* before crisis-point and promote re-integration. Improvements in helping children ‘process’ a crisis, either before or after an event, were reported as preventative measures, with efforts made to tailor support plans to the individual child:

“... in custody, (...) we also obviously have to deal with conflict and behaviour, (...) there are times where we have to put hands on young people as a last resort for physical restraint (...) and certainly staff have got better understanding and diffusion, before it gets to that element of absolute crisis. So I would say for us, the benefits that we can see is... the relationship between staff and young people is better in regards to helping them process that crisis, and not flip over into violence or aggression. So our numbers in physical restraints and single separations have greatly reduced. Also, (...) once a child goes into the room, we’re always trying to say how quickly can we get you out of your room. (...) So it’s about being able to write a support plan that understands you as an individual and what you actually need, where beforehand, we probably would have just been very generic.”

(Senior Manager Focus Group)

In community settings, senior staff spoke of reduced staff illness and improved retention (as key organisational outcomes being targeted):

“In the community, the focus is slightly different... so one of the easier outcomes in terms of staffing is reduced staff sickness, and people are feeling valued..., so that is something... we are looking at and monitoring. And retention, ... that we’re retaining staff.”

(Staff Management Focus Group)

As noted above, participants spoke of enhanced efforts toward early intervention with children and families as a means to divert away from the CJS where possible (please see section above). Organisational outcomes mentioned by focus group participants aligned with this practice included *lower numbers of children going to court, fewer convictions and lower numbers entering custody*. All of these reductions were thought to have a beneficial impact on children's longer-term outcomes across the life course.

2.3.2 Staff Outcomes and Perceived Benefits

The embedding of trauma informed principles and practice in the work of the YJA was thought to have a range of benefits for staff practice, and indeed for staff themselves. As previously outlined, trauma informed principles were reported to 'make sense' to frontline staff (across the organisational hierarchy). Thus, the TIA training and language provided a framework that helped affirm the purpose and importance of their everyday practice, including that 'small things matter'. In this way, it was thought that TIA implementation efforts had the impact of keeping *practice purposeful and focused*.

Improved staff motivation was thought of as a corollary of TIA training and implementation, helping affirm the importance of the staff member in the child's life and the opportunity to make a positive difference over the life course:

"...the first mitigating factor about, you know, young people benefiting from a stable, caring adult relationship, I think that in itself... really kind of helped to remind and reinvigorate people that, you know, you can actually make a difference with these young people, whether you're with them for one session, (...) or whether you're with them for six sessions, (...) whether you're working with them for three months, six months or 12 months, you know, whatever the time frame, you do have an opportunity, you know, to be a positive influence, to give them a sense of hope and destiny, to point them the right direction, to connect them with other things in the community.... [it's]... an easy win for us."

(Staff Focus Group)

Staff confidence, inclusion and feelings of being valued were also perceived benefits reported by focus group participants. This was particularly stressed given the range of staff working in community and custodial settings, with unqualified staff sometimes having the most direct everyday contact with a child and their family:

"Yeah, I find... it nearly generates... and gives a voice to people (...) qualified workers and unqualified workers. So everybody's opinion and voice and experience of working with that child... you know, their story was heard, or their evidence of, you know, their interaction with that child or what they thought ... accepted. So I personally feel that a lot of the unqualified staff in custody have now started to realize 'Oh, right. Well, my professional opinion about how that child should be supported, is now being taken fully into account.' (...) it's encouraged staff to become more... maybe confident in actually expressing, you know, their experience and their knowledge, do you know?"

(Senior Management Focus Group)

Enhanced attention to staff wellbeing, including the impact of the work on the worker and knowledge of vicarious trauma, was a perceived benefit across focus groups. As described above, a range of initiatives had been developed to take this area forward within the Agency including trauma-informed supervision training and the development of practice guidance and support for staff in the aftermath of the death of a child. These important developments were noted as still in progress with more work required:

"And when [death of a child] has happened, and I suppose it also raised the whole understanding of vicarious trauma for staff, working with young people over periods of time too, and whilst I would like to see a slot in supervision, specifically to discuss trauma-related issues and on how that may affect yourself as a staff member, I know the training's ongoing and that's hopefully a future development."

(Staff Focus Group)

As part of this focus on staff wellbeing, some participants reported an enhanced self-awareness of their own triggers and stress, and confidence in reaching out for support from management:

“Even as a practitioner, and on a personal level, I have been through the training and through even delivering the training... I’ve been able to even identify my own triggers and identify when I am stressed, and see that in myself.... And also being confident enough to have that conversation with my manager. Say I’m struggling a bit here, I just need to do this or I need a bit of support here and on a personal level, I definitely have seen the benefit to it.”

(Staff Focus Group)

2.3.3 Child Outcomes and Perceived Benefits

A range of child and family outcomes and perceived/anticipated benefits, associated with TIA implementation, were mentioned during focus group discussions. These encompassed different aspects of *child and family wellbeing in the short and longer-term*. Senior management participants noted the four domains that were considered important in assisting children recover from childhood adversity, i.e., stable relationships; feeling connected; feeling heard; and mental health/resilience. Participants reported that the YJA regularly carry out service user surveys, which provide insight into child and family experiences and perspectives, and what was important for them. It was argued, however, that outcome measurement is an area of ongoing work in order to evidence change in addressing assessed child need across different domains, with some benefits noted as ‘hard to capture’:

“...if [the children] feel their needs have been met. So we haven’t perfected this yet, this is a work in progress, because we’ve rolled out our new needs assessment. It’s about how we measure what impact that has had. (...) there’s like 6 different domains, ... we’re working with our statistician (...), so that we can use that as a measurement tool to show that when a child’s discharged, there’s been a change in, you know, their socio-economic needs or whatever it is, their mental health, or their family or whatever. So... we’re just developing it. As you know, (...) that kind of work is really hard to kind of capture. So... it’s a work in progress, but... it’s not to say we haven’t thought about it.”

(Senior Management Focus Group)

Staff participants reported how their practice had always been focused around *building relationships with the children and their families*. This was seen as a way to offer ‘help and support’ for the rest of their lives, rather than simply concentrating on the crime itself:

“Young people and families have always given a very positive view of the experience of how we work with them, because it’s always been about relationship (...) it’s not just been about the crime they’ve committed, it’s been about trying to help and support them in the rest of their lives.”

(Staff Focus Group)

However, in spite of this focus on relationship-building existing before TIA implementation, *improved family and network engagement*, enhanced staff-family relationships and increased family support were identified as benefits across focus groups, thought to be evidenced in survey responses. Staff participants reported the increased importance given to engagement with family members and significant others, in the knowledge that YJA involvement in the child’s life would end at some point:

“Our outcomes in terms of family work and the surveys that we do... people give feedback in terms of the contribution they think Youth Justice staff have made in relation to their families, so we have that.”

(Senior Management Focus Group)

“[discussing one available adult]... Is that their aunt? Is it a sports coach? Is it a teacher in school? (...) who is that person, who they can go to and be encouraged to get help and support from, you know, when we are finished.”

(Staff Focus Group)

Alongside this resourcing of children’s relational network, participants across staff and senior management focus groups reported enhanced efforts in helping children and young people to ‘feel connected’ by *building their community connections* and helping them engage or re-engage with education, training and employment:

“... feeling connected, so linking [young people] back into education, training and employment, linking them back into their community, and again... we’re in the process of measuring our outcomes around that.”

(Senior Management Focus Group)

Other child-centred benefits and outcomes reported, included *children ‘feeling heard’ and ‘valued’* and improved relationships between staff, children and families, picked up in service-user surveys:

“Most of the staff have bought into [TIA], and can see the benefits, not only for our young people, but for their relationships with the young people, as well, and also with the families”

(Staff Focus Group)

Improvement in *child mental health and wellbeing* was an important child outcome area. Senior management noted how the co-location of CAMHS workers within the Agency was assisting in bringing greater attention to evidencing short term outcomes in this regard:

“...[child] mental health, building resilience, key outcome, ... we’re doing that through the rolling out of the CAMHS partnership, but we do have data from our CAMHS co-located worker that has shown that kids who were referred into our service really have a positive experience, ... they’re able to be discharged and not... re-referred back into the service, so there’s positives around that.”

(Senior Management Focus Group)

Longer-term child wellbeing outcomes were thought to be evidenced by the lower numbers of children going to court and custodial sentences. This was associated with the early intervention and CJS diversion work undertaken, which were understood to enhance children’s life chances.

It is of note that participants reported *no disadvantages* to trauma-informed working in their agency context. The only noted tensions were working with staff challenges and ensuring victims also received a trauma-informed service.

2.4 Enablers, Barriers and Challenges

Across the YJA focus groups, participants discussed a range of factors that were identified as having facilitated or impeded TIA implementation. While some of these have already been mentioned in previous sections, others are expanded here. Please see Table 2.3 for a summary.

Enablers

Key external factors which assisted progress included the *strategic driver* provided by the SBNI imprimatur to progress TIA implementation:

“One of the real enablers was SBNI... taking it forward as one of their key areas, cause then that also gave us license to say ‘we’re a member of SBNI, this is a key theme, we’re involved in the reference group. We need to look at this.’... with [SBNI] pushing for it to go on the Programme for Government, conversations were happening at a strategic level.”

(Senior Management Focus Group)

Staff noted *whole-organisation implementation* as an important factor in successful TIA implementation in the Agency itself. However, they were also critically conscious of the strategic nature of development across interfacing services, such as policing and the Public Prosecution Service, without which diversionary efforts could not have progressed:

“It seems to have been a project that has been whole agency. It’s been custody. It’s been community. It’s been staff on the ground, but it’s also been from a senior management level as well, from the very outset... and that’s why some of those bigger pieces (...) why early stage diversion has been pushed forward. (...) discussions have been had with the police and the PPS [Public Prosecution Service] to allow early stage diversion to push forward. It’s because it’s been pushed forward at a strategic level and from the ground... the whole, the whole place, it’s like a whole agency thing.”

(Staff Focus Group)

Table 2.3: YJA Enablers, Barriers and Challenges

| Enablers | Barriers & Challenges |
|--|--|
| Strategic imprimatur with set up of regional ACE Reference Group & SBNI TIP project | Not having senior leadership support |
| Common language and goals across YJA (community & custody) & partner agencies | External agencies being at 'different places' on TIA journey |
| Senior leadership – support from the very top | Senior leaders (in own & interfacing organisations) 'move on' or retire |
| Forums that allow senior managers to reflect together & facilitate whole-system planning | Individual nature of the judiciary – retribution/punishment model still apparent |
| Implementation plan – also allowing things to develop | COVID pandemic – 'everything stopped' – loss of momentum |
| Implementation planning support from SBNI TIP project & other organisations | Staff in 'different places' with TIP |
| Developing a whole system vision – enthusiasm & 'thinking big' | Some staff resistance to reflective practice |
| TIA leadership & modelling across the system (incl. champions in each area) – drive and enthusiasm | Applying TIA principles to challenging staff situations |
| Workforce training (external and quality) and follow up (not one off) | Organisational 'red tape' – slowness of response to staff challenges & accessing staff support |
| Workforce development budget | Attending to the victim needs though trauma-informed lens (as well as offender) |
| Joint custody & community training coming together) – learning with and from each other | |
| Follow up initiatives to cascade, affirm & promote further development | |
| Staff involvement from outset – all levels of staff – staff buy-in & practice relevance | |
| Investment in promoting staff wellbeing and motivation – feeling valued & included | |
| Workforce support & wellbeing initiatives – e.g. developing TI supervision | |

This whole-system implementation, aligned with parallel developments in other agencies, was identified as a critical factor toward successful staff engagement with a '*common language, goal and intent*' expressed across community and custody services. The fact that TIA principles aligned well with previous practice and 'made sense' to staff was also thought to 'breathe life' into the implementation process:

"A common language and a common theme across the agency has been useful. You know, going back 20 years, custody was a separate thing. Community was a separate thing and youth conferencing was a separate thing. And at times, one of the three strands might have been promoting something or two of them might have been promoting something or, you know, three of them might have been promoting something in a slightly different way. (...) but I certainly feel that the whole trauma informed piece, there has been a commonality of language, goal, and intent, ... across all of the agency, and that is, you know, probably what has kind of helped breathe life into it as well, as well as the fact that it makes sense to everybody. You know, there are very few people would kind of fight against it because, you know, it does make sense to us."

(Staff Focus Group)

As a result of these coordinated efforts and parallel changes in other agencies, focus group participants believed that the implementation of TIAs within the YJA appeared to offer the *potential for longer-term impact*, as it was no longer considered just a 'flavour of the month' agenda, but rather a long-term Agency commitment:

"I think it's something that will continue to build and, you know, as it rolls out into the other agencies, like I have noticed the difference with regards to the police. So as it rolls out, you know with other agencies becoming more aware... (...) definitely I can see that's growing, it's not something that's just going to go away."

(Staff Focus Group)

Senior leadership support for TIA implementation was identified as a key enabler or barrier, dependent upon its availability. The senior manager group noted the critical importance of the support from the Chief Executive as the 'biggest enabler'. Without this most senior level of support, even TIA leaders, often very senior managers themselves, noted the limitations to what could be achieved and feelings of isolation:

"... [the Chief Executive] really got it and really has enabled us to just flourish. (...) in my view that is the biggest enabler. You need support from your most senior level. If you don't have that... (...) it would be very difficult for anybody in an organisation to roll out a trauma informed agenda, if they didn't have that."

(Senior Management Focus Group)

With support from 'the top', TIA leaders reported how time was made in senior manager team meetings to think about TIA implementation across core service areas, with developments 'mushrooming' as a result:

"We have a senior management meeting, it's called Thinking Time, which is all the senior managers from custody and community, and [the CEO] would table trauma informed practice. We have conversations about it... That was just like fresh air and as a result of that, the development of the project just mushroomed across all our kind of core areas and model our practice."

(Senior Management Focus Group)

The TIA leadership team were acknowledged by staff as needing to display great 'passion' and 'drive' which acted as a source of motivation for everyone:

"Well, the reason the whole project was driven forward, it's because there was somebody who had a keen passion and interest to drive it forward. (...) if you don't have somebody at senior level driving the thing forward, then, you know, nothing would happen."

(Staff Focus Group)

The leadership team themselves highlighted the importance of the collegiate support from each other in helping them to keep ‘pushing’ forward despite hurdles. They also spoke of the need to ‘model’ the approach with staff, even in challenging circumstances.

In addition to leadership, *implementation planning* was needed to progress TIA and create ‘the nuts and bolts of a five-year plan and a strategy’, while enabling developments to organically grow as progression evolved. Developing a *whole-system vision* and ‘thinking big’ was noted as critical by the YJA TIA leadership team who used the analogy of steering a ‘big boat’ when speaking of their TIA implementation trajectory:

“When we started the journey back in 2018 (...) our vision was a big boat. I can still see it... we probably had stickies everywhere and we thought really big because we’re enthusiastic... we’re doers and we get stuff done and we’ve loads of ideas.”

(Senior Management Focus Group)

Some of the *practical support and training*, provided by connections with the SBNI TIP project and other organisations, was credited as providing an important resource in developing the TIA initiative. The TIA leadership team described the need to ‘*start somewhere*’, and how universal training such as the Resilience video (which emerged from the original US ACE study) and SBNI ACEs training had been ‘rolled out’ across the whole agency, from Board members to domestics:

“The [Resilience video] really sets the scene... so that was rolled out to everybody from domestic, staff drivers, right through to the chief executive and the board members at that time. Jumping forward, and how we started really was rolling out the SBNI training, we needed to start somewhere. So that was the starting point.”

(Senior Leaders Focus Group)

This was followed by using the SAMHSA TIC domains as key principles and discussions at a leadership level to *determine the change agenda*:

“And then from that [starting point], we had separate conversations around what we needed to look at. We used the SAMHSA domains, as you’ll see through our implementation plan. We took them as the kind of key principles, and then [the TIP leadership group] would have had conversations around what we feel needed to be developed... or change.”

(Senior Leaders Focus Group)

As well as the use of the SAMHSA domains as part of the initial planning process, the TIP leadership group spoke of using the pathway mapping activity articulated in the Sequential-Intercept Model (SIM) (see Mooney et al., 2019 & 2024). This activity invites service providers to consider the child’s pathway through the criminal justice system (CJS), noting important transition points, where there might exist opportunities for enhanced engagement and diversion out of the CJS where possible. Such pivotal transition points noted by the YJA TIP leadership team included children’s entry into the CJS in NI, bringing a renewed focus to early intervention and diversion. Children leaving custody was also noted as a critical transition point for the YJA, affirmed by the international justice literature which refers to ‘re-entry’ as a known time of heightened risk. ‘Horizon scanning’ was also reported by senior managers as essential to the TIA planning process ensuring that the leadership was continuously alert to new developments that required further attention. In the YJA’s case, these areas for development included the needs of asylum seekers and unaccompanied children, as well as neurodiverse children and young people.

Implementation structures were also spoken of in the senior managers focus group as essential to consider in the early days of TIA implementation with the recognised need for different ‘types of groups’ with a focus on strategic planning and implementation respectively:

“If you go back to the outworkings of that [initial SBNI ACE] conference. I then was designated the lead around how we implement trauma informed practice in the agency by the Chief Executive at that time. So we decided that we needed two types of groups. We needed a strategic steering group and an implementation group.”

(Senior Managers Focus Group)

Thus, a number of groups were established as part of the YJA TIA initiative, which were viewed as key enablers of the whole-system implementation process. These included the formation of a TIA Strategic Steering Group and a separate Implementation Group. Other structures and positions that emerged, as the TIA implementation journey progressed, included the establishment of designated trauma-informed champions and working groups in each area team, as well as the JJC.

As already noted, *workforce development and enhanced staff support* featured as key enablers of the implementation process with a wide range of universal and specialist trainings provided (see above for further information). *Joint training* was identified as a key factor in maximising the potential of such training, allowing staff to come together from different parts of the organisation to learn with and from each other:

“I think that’s what you enjoyed the most probably, ... the fact that you were able to come together as a group from custody and from community, and actually really share a lot of shared experiences, and learn from each other ... you know, ... we look after the same kids but in a different type of context, in a different type of environment. (...) the feedback I got was very positive about that.”

(Senior Management Focus Group)

Managers spoke, however, of the challenges of ‘harnessing’ staff motivation and maintaining ‘momentum’ following initial trainings, conscious that, despite training quality, staff response will inevitably be variable:

“The issue is keeping the staff momentum. ... as with every organisation with some staff who grasp this and are brilliant, and this is just innate to who they are. And then we’ve other staff members that we have to work with and support and develop, and that’s what the challenge is.”

(Senior Management Focus Group)

As a result, in addition to the various trainings themselves, a range of *follow-up support and communication strategies* were utilised to help embed and make relevant the main messages from group trainings. These included enhanced trauma-informed supervision and reflective practice, and monthly follow-up with external trainers:

“I’m part of that training...it’s solely trauma informed supervision. It’s very, very good and we’re really enjoying it, and it’s the agency’s commitment ... there’s going to be monthly updates around with [the trainer] as well. And if there’s any issues and how we can support the staff team.”

(Staff Focus Group)

Participants also spoke of the development of an online magazine to share good practice and celebrate staff achievements across community and custody settings, which practitioners from diverse contexts contributed to through case studies and small practice examples:

“So all staff have done the ACEs 1 and 2, but then through that working group, maybe once every six months, a sort of a magazine or an E-zine would have gone out... maybe promoting a certain type of trauma informed theme, or simply reminding people what the four key mitigating factors are for ACEs and how that links with people’s day-to-day work... may be putting together case studies or examples of their everyday work... different people from different teams would have contributed towards it.”

(Staff Focus Group)

Key themes would then be discussed at team meetings as a means to help people 'join the dots', thus keeping the main ideas alive in people's thinking and promoting the relevance of the learning for staff's everyday practice in different contexts:

"And then once the material was put together, it would have been well... in our area, promoted through team meetings, you know, so everybody would have been emailed it, but then at a team meeting, I would have maybe done a small input, just so that everybody's reminded, refreshed and encouraged... You're not trying to encourage people to do something that they weren't ever doing before. People have always been working in this way. It's maybe really just a slight reframing or encouraging people to sort of join the dots. Um... you know, say, look, you have been doing this... and encouraging them maybe to be a little bit more focused on it, through court reports and more focused on needs rather than risk of offending. I mean, that's just a kind of a general spin."

(Staff Focus Group)

Given that staff were recognised as the essential 'tools' for TIA progression, *staff involvement* in planning from the outset was also noted as an important enabler, helping promote *staff buy-in* and ensuring that the *relevance for frontline practitioners* was maintained:

"The whole agency or the whole team will be on a journey together from top to bottom, bottom to top, and it's not a something that's being done on to you."

(Staff Focus Group)

"From the initial onset, practitioners were involved, ground level workers were involved, and I think that was very important because it wasn't just sitting at a policy. (...) it was real and it was live for the people actually delivering the work."

(Staff Focus Group)

As part of this involvement, staff spoke of feeling 'trusted' and enabled by managers in their work with young people, and supported to pursue their training interests when relevant to the Agency goals:

"I suppose, it's management as well, (...) allowing and trusting that, you know, in how you work and the way you work. So if I went to a manager and say 'look, I need to work at the weekend because this young person needs... I get permission to do that, because she knows that I'm not going to suggest something like that, if it's not needed (...) So (...) my manager, you know, trusts me enough to make that decision and let me go ahead..., and I think for me that has made all the difference."

(Staff Focus Group)

Barriers and Challenges

However, a range of challenges to implementing a TIA approach to promoting staff wellbeing were also noted by senior managers. In the first instance, it was recognised that not all staff were ready or willing to engage in self-reflective practice:

“There’s a culture of trying to get staff to be involved in that [reflective practice]. That’s quite hard, do you know what I mean? Sometimes people don’t necessarily, you know, want help, seek help, see that they need to reflect on that. So that’s a whole big, you know, onward journey that we still have to try and embed and we need to get better at doing that as an Agency, I think, you know in regards to looking after staff’s wellbeing.”

(Senior Manager Focus Group)

Senior staff members also reflected upon the challenges of achieving consistency across the organisation when working with a ‘difficult staff member’. In such circumstances, additional efforts were thought to be required to *apply trauma-informed principles to staff as well as service users*. This was reported as an area of ongoing development:

“I think the issue is... I suppose... staff wellbeing, some of our colleagues might see as an extra. They don’t see it as lengthy trauma informed practice and a fundamental pillar. If we don’t have staff who feel valued and respected and whatever, then they’re not going to deliver the job that we need them to deliver. Now we are, I think, much better than other organisations in terms of offering health and wellbeing events and support and all the rest. But it’s how that language is consistently applied, so that is more of a challenge, believe it or not, than some of the other stuff... applying trauma informed principles to staff. So if you have a difficult staff member, the language that the manager is using, or the senior managers are using about that staff member, instead of using the language of trauma. If you have a difficult staff member, I will be asking ‘what is that about? Is there something they’re dealing with? Did they need support?’ But that’s me. That might not necessarily follow through the whole of the agency... that’s partly the reason we rolled out the

trauma informed supervision, that’s middle management, but that needs to go up to senior management as well. So we’re very aware... of that, in terms of how we ensure, you know, that’s ‘Oh, that’s something operational staff do’. No, it applies to everybody. So that would be an area that we would need to develop and look at.”

(Senior Manager Focus Group)

Senior managers also spoke of their frustration with the *perceived ‘red tape’ and delays when dealing with challenging staffing issues or accessing timely staff support*:

“It gives [the children] that instant hope, and I think that’s something that we have to do as... an agency, not just with our kids, but also with the staff... is that whenever something arises whether it’s conflict or whatever the processes of dealing with stuff has to be acknowledged, accepted and dealt with quickly. And I think there’s too much of all the red tape that goes on... some of the things, I suppose that really frustrate me about it is, that although we’re here, staff support and wellbeing is all connected to HR [Human Resources] and welfare and all the rest of it. And if they’re slow and I know the resource challenges that they have are immense, I appreciate that, but also... on down the line, that affects that member of staff or kid or whatever, because ... it’s not good for me to say ‘oh I hear what you’re saying, um... come back to me in 4 weeks and sure we’ll have a better conversation about it.”

(Senior Manager Focus Group)

Other barriers or challenges to TIA implementation progress reported in focus group discussions related to *key partner agencies sometimes being at a ‘different place’* on their TIA ‘journey’. Influencing the judiciary was seen as another challenge, as individual judges can have very different approaches, with some still working from a traditional retributive, punishment model of justice. *Key personnel changes in partner agencies* could also present challenges with senior people ‘moving on’ or retiring, and progress becoming ‘a bit higgledy piggledy’ as a result. However, in spite of these challenges, senior leaders asserted that they do not ‘give up’, with problem solving a key element of their leadership work:

“And so that’s a challenge... but that doesn’t mean we stop. We still try to negotiate and influence and all the rest, so no, we don’t give up. We realise that, we’re a public sector organisation and we’re always going to have to work within parameters, and it’s (...) how we problem solve to overcome the obstacles.”

(Senior Manager Focus Group)

One obstacle already navigated had been the *COVID pandemic* when ‘everything in the whole world stopped’, and implementation momentum had been lost.

An additional area of challenge (rather than barrier) commonly reported across focus groups was bringing a *trauma-informed focus on victim experience and public protection* in the context of serious offences, while simultaneously embracing a ‘children first’ philosophy when working with young people involved with the justice system:

“We have to keep asking where is the victims in all this process? (...) the tensions are between the ‘child first’ approach... the victim’s needs, but also public protection.... (...) obviously there’s going to be a push, pull in connection to that.”

(Staff Focus Group)

Senior managers spoke of applying a trauma informed approach to address victims’ needs, on occasion sourcing external therapeutic supports, arguing that victims were treated in the same way as other children and families. They noted the similarities in many of the victims who access the YJA restorative justice process, with many victims also young themselves:

“...in terms of our restorative justice practice, that is a core component, because it’s the same staff who are working with the young people that are working with the victims and... quite a high percentage of our victims are young people themselves. So, we’re working with some very similar young people. So there is a trauma focus in terms of how we work with victims. I mean, we do use our budgets at times to buy in bespoke, maybe counselling or art therapy or some service that’s needed for a victim. So I wouldn’t say victims are treated any differently. In fact, victims are treated the way that we would treat the young people and the families that we work with, they just, they just have a different label. The approach isn’t any different in terms of how we support, engage and inform them of what we’re doing.”

(Senior Managers Focus Group)

2.5 Future Vision and Priorities

Staff wellbeing was reported as a key area for further development during focus group discussions. Both staff and managers spoke of their hopes for the development of **trauma informed supervision** across the organisation to further enhance the support available to the workforce. An additional area of immediate priority was to continue efforts to find ways to **understand, measure and evidence child outcomes**, following the introduction of the new assessment of need.

Senior managers also spoke of their interest in **increased staff involvement and feedback** as they move forward. They noted that, as an Agency, they were currently undertaking the detailed Trauma Informed Oregon staff survey. Their participation was seen as a means of ascertaining staff perspectives of TIA implementation to date, with consideration of areas where progress had been made, and areas that required further attention. Senior managers reported that they were approaching this with some trepidation. However, they were keen to involve staff in future planning discussions, and they wanted to understand what difference staff believed TIA implementation was making to take them to 'the next level' of development:

“We are nervous about that... because (...) staff feedback in surveys, I don't know, people use it as an opportunity to moan. We are bravely participating... we were really keen to push that, because we feel we need something now to kind of take us to the next level... we can map all this stuff, but let's sit now and look and say, well, 'we've done all this, what difference does it make?' and know where do we want to go next? driven by the staff who respond... I think it is a very powerful statement because staff are driving that, not us sitting in a room coming up with our great ideas on the flip chart, so... we'll see where that goes.”

This focus on increased **staff involvement and future leadership** was evident in senior leaders' hopes that 'someone else would pick up mantle', as they moved forward into a different era of their TIA implementation 'journey'. They noted the need to ensure that the principles and practices were embedded throughout the organisation, and 'not reliant' on a small number of people:

“I would hope we've instilled the same passion for trauma informed practice and approach in staff, that if we leave tomorrow, there's somebody else to pick up the mantle... it doesn't stop with us. So it's about staff really getting a grip on that they're saying 'no, this can't be dropped and we want to continue this journey because we see value in it for ourselves and for young people'.”

(Senior Managers Focus Group)

“I think that you always want to leave it in a better place than you found it. And you know, that's what you really hope... we want to get it to the stage where it's embedded enough (...) it's not reliant on... a handful of people to make it work or to drive it home.”

(Senior Managers Focus Group)

2.6 Lessons learned

When asked what advice they had for other organisations wanting to progress TIA development in their agency setting, both staff and managers identified important factors associated with effective implementation.

One of the key messages from YJA senior managers was about **being 'tenacious' and 'not giving up'** on the vision, in the face of indifference or barriers. They noted that people, both senior management and frontline staff, can be at 'different places' in terms of TIAs, and they encouraged an acceptance of this. They argued that the strategic and staffing landscape can change as an initiative evolves, presenting new opportunities as well as challenges:

“So part of the journey, in terms of influencing others, is not having an expectation around that, and just continuing on with your vision, and we were lucky enough that we were able to continue on, and then the landscape changed ... So I think the learning was that you just don't give up. You just go on ahead. It would have been very easy for us at one point to go 'we'll just pack this in because nobody gives a frick about what we're doing'... but we've really come through the other side of that. So being tenacious.”

(Senior Manager Focus Group)

Involving staff from the outset ‘from top to bottom, bottom to top’ was noted as an area of priority to ensure staff do not feel TIAs are not being imposed or ‘done to them’. This was thought to engender an enhanced sense of ‘team’ with everyone ‘working together’ to make the changes, thus addressing any underlying staff ‘reticence’. Such involvement would assist staff understanding that TIAs improve ‘everybody’s working practice’, with the ultimate aim of improving children’s life chances, and indeed the wider community:

“I think the notion that... the whole agency or the whole team will be on a journey together from top to bottom, bottom to top, and it’s not a something that’s being done on to you... (...) you know, [staff] reticence, you know, ‘oh, your working practice is going to change’... it enhances everybody’s working practice, but that has to be like ‘we’re all doing this together for better outcomes, for the people we work with, and the community... in general’.”

(Staff Focus Group)

Aligned with this, TIA leaders were implored to **‘listen to staff’**, as there are often ‘reasons behind’ staff resistance to particular initiatives. For instance, staff talked about a planned development that had been abandoned following staff feedback:

“... listen to the staff. If there’s something that... you’re trying to introduce that [staff] really don’t want, understand, you know, why they don’t want [it] (...) if staff are, you know, objecting to certain things, I suppose listen as to why that would be. It’s not just because they don’t want to do it. There’s reasons behind it.”

(Staff Focus Group)

While ‘making a start’ and ‘taking the easy wins’ were asserted as important mantras, **the pacing and evolving nature of development** was presented as a key area of transferable learning, expressed by the leadership team. Managers acknowledged that there was a need to make changes gradually, taking ‘small bites’, ‘taking stock’ and ‘constantly revisiting’ what has been learned, as implementation progressed. However, taking it ‘slow and steady’ was noted as easier said than done in a pressurised work environment, with leaders reporting how initially they had put themselves ‘under pressure’ to ‘get it all done’. As previously stated, their collective leadership learning has been one of seeing TIA implementation in a whole organisation as a ‘constant journey’, which will continuously evolve. Invitations were given to build in mechanisms for review, build the leadership team, ‘not to give yourself a hard time’, ‘trust the process’, and ‘enjoy’ the challenge:

“I think... one of the things that we learned very quickly was... not to give yourself such a hard time and (...) realise, you know, small bites, you know what I mean? (...) there’s not an end date, that’s what I’m saying... I suppose we’ve been fortunate, we’ve had a good laugh, (...) Just enjoy it.”

(Senior Management Focus Group)

“I think at the start we really put ourselves under pressure around, we have to do this and it has to be done And then we’ve realised that we’re never going to get it all done. It’s just going to continue to evolve and that’s OK. And we’re now comfortable with that, because we’ve realised the things that we have targeted have been the right things.”

(Senior Management Focus Group)

“...just slow and steady, (...) I suppose, at times (...) I was like, I don’t know whether I’ve the energy to do this. So it is about slowing it right down and trusting the process and, you know, taking stock and just being calm about it.”

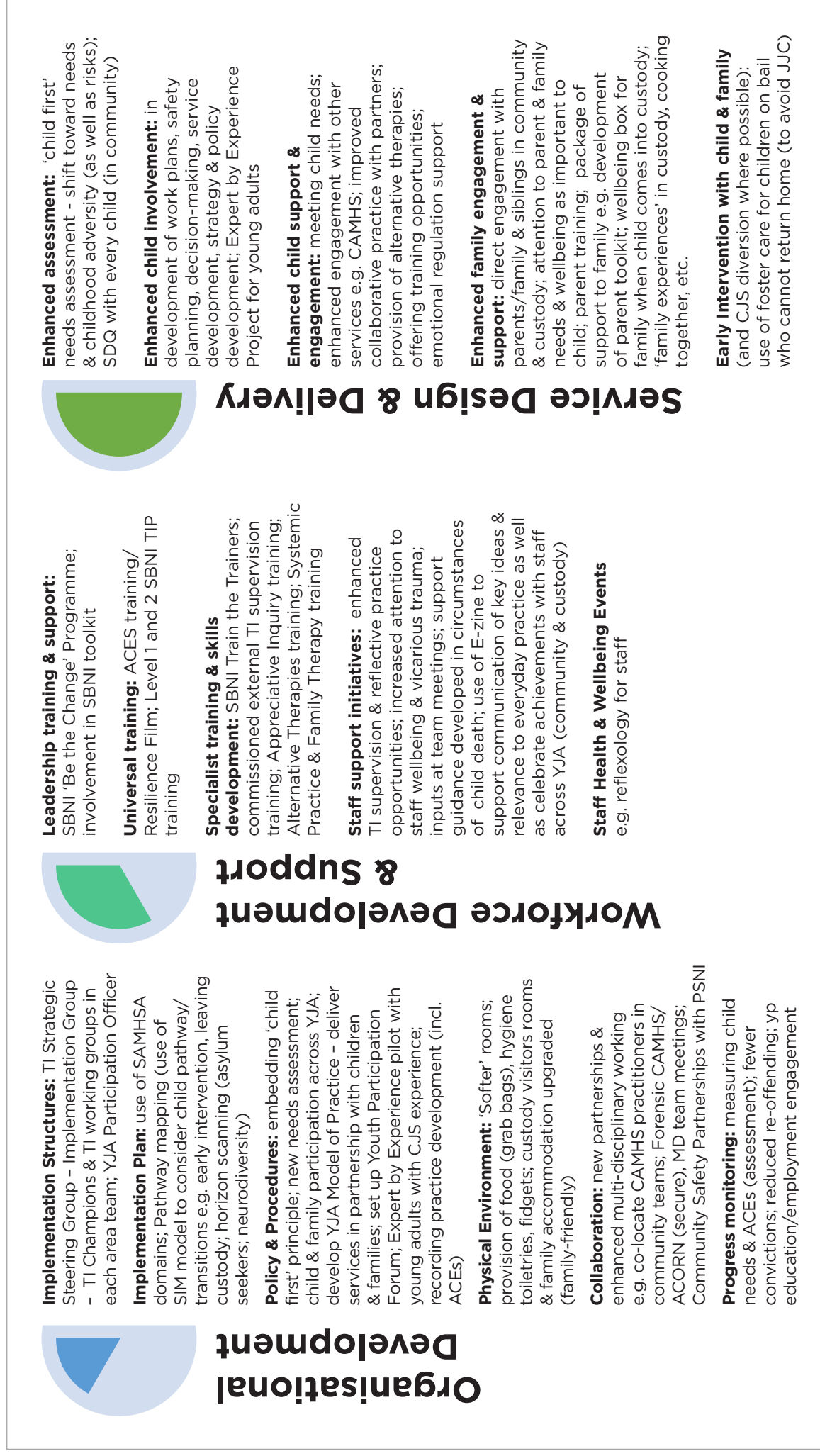
(Senior Management Focus Group)

Finally, leaders highlighted the need to be open to their own **personal learning associated with trauma-informed leadership**, whereby they were required to ‘model’ the principles in their interactions with colleagues and staff, often in the context of challenging situations or discussions. Doing so was thought to promote the embedding of TIA underpinning principles in the organisation’s culture:

“One of the key things, which I always think stuck with me (...) and I’ve really tried to apply, has been us modelling the model and us being the change, even when it’s been really hard to do so, and realising that every interaction is an intervention (...) But I think we have done that. And because we’ve done that, people have gone ‘Oh, there’s something in this’ (...) so that has been a massive learning for me.”

(Senior Management Focus Group)

Figure 2.2: Youth Justice Agency Trauma Informed Implementation



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